

Name in Full

Certificate of Death

Town

County

MARYLAND

Died at

Date 189

Month Day

Y.

M.

D.

Native of

Occupation

Age

Married

~~Widow~~

Divorced

Female

~~White~~ Colored~~Singl~~

Widower

~~Number of children living~~~~Husband~~

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

Accident, ~~Suicide~~, ~~Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65966



Name in Full

Certificate of Death

Vernon Milton Graef

Town

County

Died at

Finksburg

Carroll

MARYLAND

Date 1898

Month Day

Y.

M.

D.

Native of

Occupation

8

Aug.

8

Age

2 24

Md.

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband

Wife

Father's

Name

Geo. M. Graef

Mother's

Name

Alvina McDonald

Cause of

Primary

Congestion lungs & brain 42

How long sick

5 days

Death

Immediate

"

"

"

"

Accident, Suicide, Homicide

Reported by

Sam'l Lee Moores M.D.

Address

Finksburg Carroll Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

x



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

8-31

Age

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Elizabeth Kimmy -

Died at

Harrison ^{Town} Carroll ^{County}

MARYLAND

Date 189

8 Aug 5

Age

57 4 10

Native of

Md

Occupation

Lady

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

6

Husband

of James Kimmy

Wife

Father's

Name

Mr Webster

Mother's

Name

Aunt Webster

Cause of

Primary

Typhoid Fever

How long sick

20 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

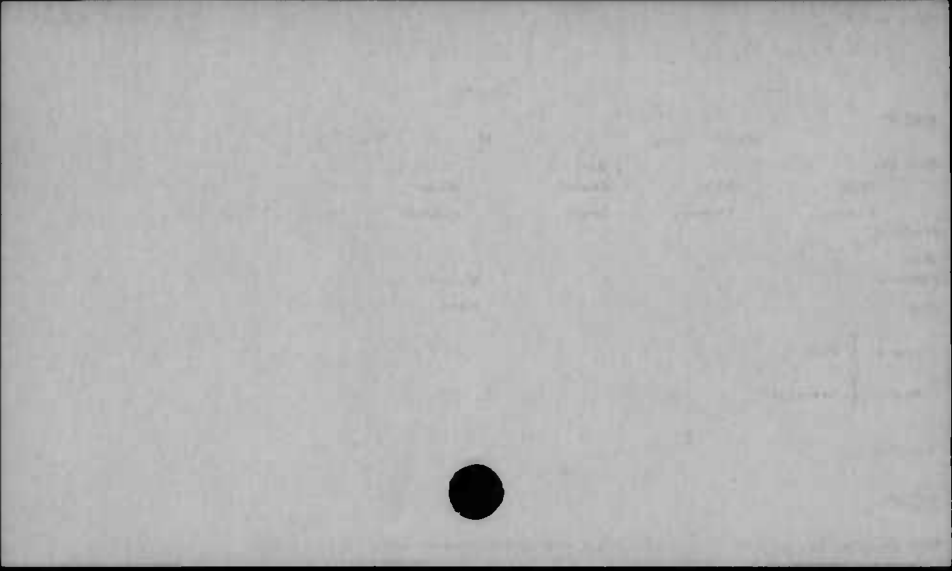
W. B. Bolt M.D.

Address

Harrison Carroll County

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Luster

County

Carroll

MARYLAND

Died at

Town

Hydaburg

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1898

8

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Oden E.

Mother's

Name

Ellie

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

American Sentinel (Spectator)

Address

Aug. 27



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65963



Name in Full

Certificate of Death

Died at

MARYLAND

Date 189

8

Month Day

8 - 10

Age

44-10-23

Y. M. D.

Native of

Occupation

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Lawrence Lee Miller

Town

County

Died at

Gamber

Carroll

MARYLAND

Month

Day

~~Yr~~~~M~~ ~~D~~

Native of

Occupation

Date 1898

Aug 14

Age

33

md

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

Widower

Number of children living

~~Husband~~~~Wife~~

Father's

Name

Leah Miller

Mother's

Name

Kate J. Miles

Cause of

Primary

Tubercular meningitis

How long sick

2 3 months

Death

Immediate

Recovery

226

Accident, Suicide, Homicide

Reported by

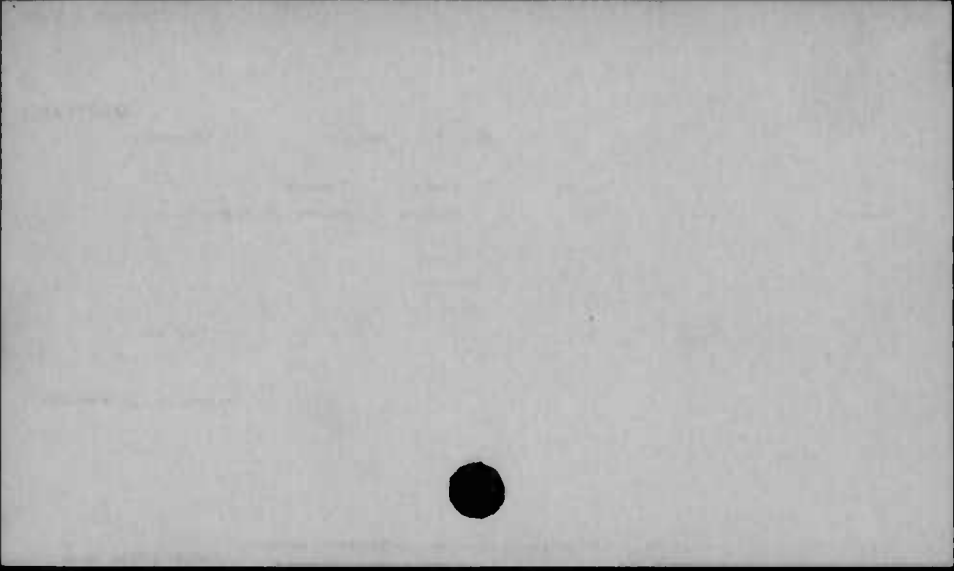
Sam L. Miller

Address

Fruitburg Carroll Co md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65568



Name in Full

Certificate of Death

George E. Myers

Town

County

Died at

Hampstead

Carroll

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1898

8

8

24

Age

63

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Balt. Co. Dem. Aug. 26

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068



Name in Full

Certificate of Death

Paul W. R. Reese

Town

County

Died at

Westminster

Carroll

MARYLAND

Date 1898

Month Day
Aug 7

Age

Y. M. D.
1 10 6

Native of

~~Occupation~~

Male

White

Single

~~Widow~~~~Divorced~~~~Number of children living~~

Father's

Name

John R. Reese

Mother's

Name

Amanda S. Furkman

Cause of

Primary

Enteritis

How long sick

82

7 days

Death

Immediate

Convulsions

~~Accident, Suicide, Homicide~~

Reported by

Chas R. Gault M.D.

Address

Westminster, Carroll Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55968



Name in Full

Certificate of Death

Died at

Date 189

~~Male~~

Female

Husband
of
WifeFather's
NameMother's
Name

Cause of

Death

Primary

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Julia Ellen Wagner
 Town *Westminster* County *Carroll* MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

*8**8-30*Age *25* *11* *25*

Married

Widow

Divorced

White

~~Colored~~~~Single~~

Widower

Number of children living

Drowning

American Sentinel
Westminster *9-3*

D. Chas. M. Krite,
made a post-mortem exam.

Name in Full

Certificate of Death

Alice Prilla Warner
 Died at *Silver Run* Town *Curroll* County *MARYLAND*

Date 189 *8* Month *8* Day *20* Y. *10* M. *5* D.
 Age *10-5* Native of Occupation
~~Male~~ White ~~Marr~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband
 of
 Wife

Father's
 Name

Mother's
 Name

Cause of { Primary
 Death { Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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